

THE STATE BAR OF CALIFORNIA COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS

180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300 845 S. Figueroa Street • Los Angeles, CA 90017-2515 • (213) 765-1500

FORM C TESTING ACCOMMODATIONS – SPECIFIC LEARNING DISORDER/ DISABILITY VERIFICATION

All original documents must be filed with the Office of Admissions' San Francisco Office. (Must be completed by the applicant; please type or print legibly)

NOTICE TO APPLICANT: This section of this form is to be completed by you. The remainder of the form is to be completed by the qualified professional who is recommending testing accommodations for the California Bar Examination or First-Year Law Students' Examination for you on the basis of a specific learning disorder/ disability. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

| Applicant's Full Name: | |
|---|---|
| File Number: | |
| I give permission to the qualified professional release the information requested on the form, of any additional information regarding my dispreviously granted that may be requested by Examiners or consultant(s) of the Committee of | and I request the release ability or accommodations by the Committee of Bar |
| Signature of Applicant | Date |

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations for the California Bar Examination or First-Year Law Students' Examination. All such requests must be supported by a comprehensive evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations for the examination on the basis of a specific learning disorder/disability. The Committee of Bar Examiners also requires the qualified professional to complete this form. If any of the information requested in this form is fully addressed in the comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found. Please attach a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the examination administered by the Committee of Bar Examiners. Your assistance is appreciated.

The Committee of Bar Examiners may forward this information to one or more qualified professionals for an independent review of the applicant's request. Print or type your responses to the items below. Return the original of this completed form, the comprehensive evaluation report, and relevant records to the applicant for submission to the Committee of Bar Examiners.

| I. | QUALIFICATIONS OF THE PROFESSIONAL* |
|-----------|---|
| Ν | ame of professional completing this form: |
| Α | ddress: |
| T | elephone: Fax: |
| E | -Mail: |
| 0 | ccupation, title, and specialty: |
| Li | cense Number/State: |
| Plof w (3 | The following professionals are deemed appropriate and qualified to provide a diagnosis specific learning disorders/disabilities: Clinical Psychologist**, Neuropsychologist**, ducational or School Psychologist**, Educational Diagnostician, Learning Disabilities pecialist, Educational Therapist (** must be licensed). Itease describe your specialized training in the assessment, diagnosis and remediation is specific learning disorders/disabilities with the adult population. Experience in working ith cultural and/or linguistically diverse populations is also essential. A minimum of three by years of demonstrated experience with the adult population is considered appropriate and critical: |
| | |
| | |
| II. | DIAGNOSTIC INFORMATION CONCERNING APPLICANT |
| 1. | Provide the date the applicant was first diagnosed with a specific learning disorder/disability: |
| 2. | Did you make the initial diagnosis? |

| | If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results or other records related to the initial diagnosis that you reviewed. |
|----|---|
| 3. | When did you first meet with the applicant? |
| 4. | Provide the date of your last complete evaluation of the applicant: |
| 5. | Provide a concise description of your diagnosis. Please include the specific DSM-5 (or most current edition) diagnosis: |
| 6. | Describe the applicant's current level of functioning and the impact of any functional limitations on the applicant's major life activities. |
| | |
| 7. | Were the applicant's motivation level, interview behavior, and/or test-taking behavior adequate to yield reliable diagnostic information/test results? $\hfill YES \hfill NO$ |
| | Describe how this determination was made, including whether any symptom validity tests were administered. If such tests were not administered, please state why they were not. |
| | |

ATTACH A COMPREHENSIVE EVALUATION REPORT. An applicant's specific disorder/disability must have been identified by an appropriate psychoeducational assessment process that is well documented in the form of a comprehensive diagnostic report. The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. Although a specific learning disorder/disability normally is lifelong, the severity and manifestations can change. The Committee of Bar Examiners generally requires documentation from an evaluation conducted within the last five years to establish the current impact of the disability. Please attach to this form a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the

California Bar Examination or First-Year Law Students' Examination.

The evaluation report should include the following:

- A. an account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social, and educational history;
- B. clear, objective evidence of a substantial limitation to learning or performance provided through assessment in the areas of cognitive aptitude, achievement, and information processing abilities (results must be obtained on standardized test(s) appropriate to the general adult population and be reported in age-based standard scores and percentiles);
- C. interpretation of the diagnostic profile that integrates assessment data, background history, and observations made during the evaluation process, as well as the inclusion or ruling out of possible coexisting conditions (such as previously diagnosed psychological issues or English as a second language) affecting the applicant's performance;
- D. a specific diagnostic statement, which should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems"; and
- E. a rationale for each recommended accommodation based on diagnostic information presented (background history, test scores, documented observations, etc.).

III. FORMAL TESTING

It is important that the tests used in the evaluation are reliable, valid, and age-appropriate, and that the most recent edition of each diagnostic measure is used. Scores should be reported as age-based standard scores and percentiles. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. The lists are not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

1. Aptitude/Cognitive Ability

- Wechsler Adult Intelligence Scale IV (WAIS IV, or most current version) (including IQ, index, and scaled scores)
- Woodcock-Johnson IV (WJ IV): Tests of Cognitive Ability
- Stanford-Binet Intelligence Scale (5th edition, or most current version)
- Kaufman Adolescent and Adult Intelligence Test (KAIT)

Please note: The Slossen Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening instruments and should not be considered comprehensive

measures of aptitude/cognitive ability.

2. Achievement

- Woodcock-Johnson IV (WJ IV): Tests of Achievement
- Wechsler Individual Achievement Test (WIAT III, or most current version)
- Scholastic Abilities Test for Adults (SATA)

Please note: The Wide Range Achievement Test: Fourth Edition (WRAT-4), the Peabody Individual Achievement Test (PIAT, PIAT-R or PIAT-R/NU), and the Nelson Denny Reading Test are not comprehensive measures of academic achievement and should not be used as sole measures in this area.

3. Information Processing

- Wechsler Memory Scale IV (WMS-IV, or most current version)
- Swanson Cognitive Process Test (S-CPT)
- Test of Adolescent/Adult Wordfinding (TAWF-2)
- Information from subtest, index, and/or cluster scores on the WAIS IV (Working Memory, Perceptual Organization, Processing Speed) and/or the Woodcock-Johnson IV (WJ IV): Tests of Cognitive Ability (Visual Processing, Short Term Memory, Long Term Memory, Processing Speed) and/or The Detroit Tests of Learning Aptitude-Adult (DTLA-4, or most current version), as well as other neuropsychological instruments that measure rapid automatized naming and/or phonological processing.

IV.ACCOMMODATIONS RECOMMENDED FOR THE CALIFORNIA BAR EXAMINATION OR FIRST-YEAR LAW STUDENTS' EXAMINATION (check all that apply)

FORMAT

The California Bar Examination is a timed examination administered over two days, consisting of a 3-hour morning session (9:00 a.m. to 12:00 noon) and a 3½-hour afternoon session (2:00 p.m. to 5:30 p.m.) on the first day, and two 3-hour sessions (9:00 a.m. to 12:00 noon and 2:00 p.m. to 5:00 p.m.) on the second day. The examination is scheduled twice each year. There is a lunch break from 12:00 noon to 1:30 p.m. each day. The examination is administered in a proctored setting.

The first day consists of three one-hour essay questions in the morning session and two one-hour essay questions plus one 90-minute Performance Test question in the afternoon session. The written portions of the examination are designed to assess, among other TA-FormC.0417

things, the applicant's ability to communicate his/her analysis effectively in writing. Applicants may use their personal laptop computers to type their answers, or they may handwrite their answers. The second day consists of 200 multiple-choice questions (Multistate Bar Examination or "MBE"), with 100 questions administered in the morning session and 100 questions in the afternoon session. Applicants record their answers by darkening circles using a Number 2 pencil on an answer sheet that is scanned by a computer to grade the examination.

<u>The First-Year Law Students' Examination</u> is a one-day timed examination administered in two sessions, a four-hour morning session from 8:00 a.m. to 12:00 noon and a three-hour afternoon session from 2:00 p.m. to 5:00 p.m. The examination is scheduled twice each year. There is a lunch break from 12:00 noon to 1:30 p.m. The examination is administered in a proctored setting.

The morning session consists of four one-hour essay questions. The essay questions are designed to assess, among other things, the applicant's ability to communicate his/her analysis effectively in writing. Applicants may use their personal laptop computers to type their answers, or they may handwrite their answers. The afternoon session consists of 100 multiple-choice questions. Applicants record their answers by darkening circles using a Number 2 pencil on an answer sheet that is scanned by a computer to grade the examination.

SETTING

Applicants are assigned seats, two per six-foot table, in a room set for as few as 100 to 400 applicants for the First-Year Law Students' Examination to as many as 1,500 applicants for the California Bar Examination. Applicants are not allowed to bring food, beverages, or certain other items into the testing room unless approved as accommodations. All applicants may bring prescription medication. The examination is administered in a quiet environment, and applicants are allowed to use small foam earplugs. They may leave the examination room only to use the restroom or drinking fountain, within the time allotted for the test session.

Taking into consideration this description of the examination and the functional limitations that you currently experience, what testing accommodation (or accommodations, if more than one would be appropriate) are you requesting?

| Alternative Formats | Personal Assistance | |
|---|--|--|
| Audio CD version of the examination | Dictate to a typist (for written sessions) | |
| ☐ Electronic versions of the Essay and/or Performance Test questions in | Reader | |
| Microsoft Word format on CDs for use with screen-reading software | Assistance with multiple-choice | |

| Other: | answer sheet (Scantron sheet) — (choose one) | | |
|---|--|--|--|
| | Permission to circle answers in question booklet | | |
| | Permission to dictate answers to proctor | | |
| | Dictate to a voice recorder (choose one) | | |
| | ☐ Digital voice recorder (for use with flash memory cards) | | |
| | Tape recorder (for use with microcassette tapes) | | |
| | Other: | | |
| Equipment or Facility Requirements | | | |
| Computer as an accommodation (m disability) | nust have direct nexus to the effects of the | | |
| with SofTest installed | | | |
| with voice-recognition software (e. | g., Dragon Naturally Speaking) installed | | |
| with screen-reading software (e.g. | with screen-reading software (e.g., JAWS) installed | | |
| with other (specify): | | | |
| Special equipment (specify): | | | |
| Private room | | | |
| ☐ Semi-private room | | | |
| | cify height): | | |
| Other: | | | |
| | est indicated above (attach additional sheets if | | |
| | | | |
| | | | |
| | | | |
| | | | |

Accommodation of Extra Time

Specify the amount of **extra time** requested for each session of the examination. Indicate why the specified extra time is needed (based on the diagnostic evaluation), provide the rationale for requesting the amount of time for each test format of the examination, and explain how you arrived at the specific amount of extra time requested. If either the amount of time or your rationale is different for different portions of the examination, please explain. All requests for extra time must specify the exact amount of extra time. It is important to keep in mind that breaks are included in the timed portion of the examination. No accommodation of unlimited time will be granted. If extra testing time is requested, but the specific amount of extra time is not indicated, the petition will be returned as incomplete.

| California Bar Examination: Essay Questions 1, 2 & 3 (standard session is 3 hours): Specify the amount of extra test time needed for this session and provide the rationale: |
|---|
| California Bar Examination: Essay Questions 4 & 5, and Performance Tes (standard session is 3 hours and 30 minutes): Specify the amount of extra test time needed for this session and provide the rationale: |
| California Bar Examination: Multistate Bar Examination - MBE (each standard session is 3 hours): Specify the amount of extra test time needed for each MBE session and provide the rationale: |
| First-Year Law Students' Examination: Essay Questions 1, 2, 3 & 4 (standard session is 4 hours): Specify the amount of extra test time needed for this session and provide the rationale: |
| |
| First-Year Law Students' Examination: Multiple-Choice (standard session is 3 hours): Specify the amount of extra test time needed for this session and provide the rationale: |

| Explanations: (a | (attach additional sheets if necessary) |
|--|---|
| | |
| | |
| | |
| | |
| | |
| V. PRIOR HISTO | DRY AND PAST ACCOMMODATIONS |
| Please describ disorders/disabilit the past: | be any previously documented history of specific learning ties and list accommodations that have been granted to the applicant in |
| | |
| | |
| | |
| | |
| | |
| | |

VI. CONFIDENTIALITY

Confidentiality policies of the Committee of Bar Examiners/Office of Admissions of the State Bar of California will be followed regarding its responsibility to maintain confidentiality of this form and any documents submitted with it. No part of the form or the accompanying medical documentation will be released without the applicant's written consent or under the compulsion of legal process.

VII. CLINICIAN/LICENSED PROFESSIONAL'S SIGNATURE

I am submitting the **original** of this form and have attached copies of the comprehensive evaluation report and all records and test results that I relied upon in making this diagnosis of the applicant's condition/disability (notes and worksheets are not required as part of this submission) and completing this form. I understand that all original documents submitted become the property of the Committee of Bar Examiners.

| I declare under penalty of perjury under the laws of the State of Calinformation is true and correct. | ifornia that the above |
|---|------------------------|
| (Signature of Licensed Professional) | (Date) |

The Committee of Bar Examiners reserves the right to make final judgment concerning testing accommodations and may have all documentation related to this matter reviewed by an individual professional consultant or a panel of professional consultants if deemed necessary.